

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	METHODS AND APPARATUS FOR PERFORMING PHOTOBIOSTIMULATION
Attorney Docket Number::	105090-194
Request for Early Publication?::	No
Request for Non-Publication?::	No
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	United States
Status::	Full Capacity
Given Name::	Gregory
Middle Name:	B.
Family Name::	Altshuler
City of Residence::	Wilmington
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	137 Marion St.
City of mailing address::	Wilmington
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01887

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Ilya  
Family Name:: Yaroslavsky  
City of Residence:: Wilmington  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 9214 Avalon Dr.  
City of mailing address:: Wilmington  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 01887

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Michail  
Middle Name: M.  
Family Name:: Pankratov  
City of Residence:: Waltham  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 16 Appleton Street  
City of mailing address:: Waltham  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02453

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United States  
Status:: Full Capacity  
Given Name:: Dov  
Family Name:: Gal  
City of Residence:: Brookline  
State or Province of Residence:: MA  
Country of Residence:: US  
Street of mailing address:: 40 Kenwood Street, #2  
City of mailing address:: Brookline  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02446

#### **Correspondence Information**

Correspondence Customer Number:: 021125

#### **Representative Information**

Representative Customer Number:: 021125

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/416,664	10/07/2002

#### **Assignee Information**

Assignee name:: Palomar Medical Technologies, Inc.  
Street of mailing address:: 82 Cambridge Street  
City of mailing address:: Burlington  
State or Province of mailing address:: MA  
Postal or Zip Code of mailing address:: 02182